Form M58B

Great-West LIFE & ANNUITY

Sur	name of Employee	Use Block Letters	Given Name(s)
Group Policy No.		Employee's Certificate No.	
		E OF NAME OF INSURE	
, the employee	e named above, hereby re	equest to change my nan	ne
FROM:	Last Name	Giver	n Names in Full
`O:	Last Name	Giver	n Names in Full
	Date	Signatu	re of Insured
Peace do NOT	CHANGE OF NAME OF	INSURED'S PRESENT	BENEFICIARY
provided for	CHANGE OF NAME OF	INSURED'S PRESENT	
provided for ame of your	CHANGE OF NAME OF USE this section if it is you this on the reverse side of present beneficiary.	F INSURED'S PRESENT our wish to appoint a no of this form. Use this se	BENEFICIARY ew beneficiary. A special secti
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the employee ROM: TO:	CHANGE OF NAME OF USE this section if it is yethis on the reverse side of present beneficiary. Inamed above, hereby re Last Name Date RTIFY that the above characteristics.	F INSURED'S PRESENT Our wish to appoint a ne of this form. Use this sec quest to change the nam Given Names in Full	BENEFICIARY ew beneficiary. A special sectication only to record a Change e of my present beneficiary MY Relationship